

STANDARD CERTIFICATE OF DEATH

State File No. 37803
Registrar's No. 358

FILED NOV 21 1948

Registration District No. 376

Primary Registration District No. 6074

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Desloge
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
700 Monroe Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community life
years, months or days)

3. (a) PRINT FULL NAME Christian Patt

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Pearl Patt 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Dec. 20 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 20 hr. min.

9. Birthplace Bonne Terre Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Minner

11. Industry or business Lead Mines

12. Name Christian Patt

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Patt
(b) Address 700 Monroe Desloge, Mo.

17. (a) Burial (b) Date thereof 11-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francois, Mo.

18. (a) Signature of funeral director C. Z. Boyer & Son
(b) Address Desloge, Mo.

19. (a) 11-16-48 (b) Ester Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois
(c) City or town Desloge
(If outside city or town limits, write "RURAL")
(d) Street No. 700 Monroe
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10
year 1948 hour 2 minute 25 p. M.

21. I hereby certify that I attended the deceased from Nov 10 1948
that I last saw him alive on 11-10
and that death occurred on the date and hour stated above.

Immediate cause of death arterial rupture
Duration unk

Due to _____

Due to Chr. bronch outflow
Other conditions 120
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature E. D. Boyer (M. D. or other)
Address Desloge, Mo. Date signed 11-16-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

With Officer No. 4
File Number 1148-14
Date Filed 11-22-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. G. Doyle

Licensed Embalmer No. 2665

P. O. Address Albany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.